

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								10 567926					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					S1					
2								S2					
3			1					S3					
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47								S47					
48								S48					
49								S49					
50								S50					
TOTAL IND.			3					TOTAL IND.					
TOTAL DEP.			6					TOTAL DEP.					
TOTAL CLAIMS			9					TOTAL CLAIMS					